

ASSUMED NAME CERTIFICATE

1. Name in which business will be conducted:

(Type or Print)

2. Business Address:

(Street Address or P. O. Box) (City) (State) (Zip)

3. Type of Business (check one):

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Joint Stock Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Real Estate Investment Company |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Registered Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Business Corporation |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Other: _____ |

**ASSUMED NAME IS VALID FOR 10 YEARS UNLESS DESIGNATED FOR LESS
THIS ASSUMED NAME CERTIFICATE SHOULD BE VALID FOR _____ YEARS (only if less than 10)**

4. Owner's Information:

(Name)

(Street Address or P. O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

5. Owner's Information:

(Name)

(Street Address or P. O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

6. Owner's Information:

(Name)

(Street Address or P. O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____
on this the _____ day of _____, 20 _____.

Notary Public State of Texas
My Commission Expires: _____
Notary's Printed Name: _____

STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____
on this the _____ day of _____, 20 _____.

Notary Public State of Texas
My Commission Expires: _____
Notary's Printed Name: _____

STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____
on this the _____ day of _____, 20 _____.

Notary Public State of Texas
My Commission Expires: _____
Notary's Printed Name: _____

Return to:

